Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	03-14-2014	Address:	CR 200 S & 375 E
Incident #:	14ISPC002121		NEW CASTLE, IN
County:	HENRY		
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
☑ Operational Lab☐ Chemical/Glassware/Equipment (only)☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all that	l: Location (bedroom, kitchen, open air, of tapply) or Birch Reaction(s):	<u>etc)</u>	
Red Phosphorous/Iodine Reaction(s):			
Hydrochloric Acid Gas Generator(s):			
☐ Flammable Solvents: IN BAG ON SIDE OF ROAD			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Corrosive Acid: IN BAG ON SIDE OF ROAD			
Corrosive Base: <u>IN BAG ON SIDE OF ROAD</u>			
Other (ite	em and location):		
Vehicle Info	rmation:		
Owner: VIN: Year:		Make: Model:	
YesNo	rage 18 discovered (check appropriate) (number present) not present but evidence they reside	unclean Estimated le occurring:	itions of home: clean disarray ngth of time manufacturing had been nformation:
This report	has been faxed* or emailed to the fo	llowing agencies th	at serve the location:
Fire Department City, Township or County NEW CASTLE FD Fax: (765) 521-6815 (PHONE) Health Department County: HENRY CO HD Fax: (765) 521-7055 Department of Child Services Hotline: dcshotlinereports@dcs.in.gov Fax: 317-234-7595 or 317-234-7596			
	ormation regarding this methamphetar Officer: S. WHITTINGTON Phon	nine laboratory, con e <u>765-778-2121</u>	tact
*This form is to b	be faxed to the Fire Department, Health Depar	tment and/or Departmer	at of Child Services listed within 24 hours of

scene processing.